

Unearthing the Buried City

The Janet Translation Project

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This document is part of *Unearthing the Buried City: The Janet Translation Project*, a series of AI-assisted English translations of Pierre Janet's works.

In his seminal 1970 book: *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, Henri Ellenberger wrote:

Thus, Janet's work can be compared to a vast city buried beneath ashes, like Pompeii. The fate of any buried city is uncertain. It may remain buried forever. It may remain concealed while being plundered by marauders. But it may also perhaps be unearthed some day and brought back to life (p. 409).

This project takes Ellenberger's metaphor seriously — and literally. The goal of this work is to unearth the buried city of Janet's writings and make them accessible to the English-speaking world, where much of his legacy remains obscured or misunderstood.

Pierre Janet was a pioneer of dynamic psychology, psychopathology, hypnosis, and dissociation. His influence on Freud, Jung, and the broader psychotherapeutic tradition is profound, yet the bulk of his original writings remain untranslated or scattered in partial form. These AI-assisted translations aim to fill that gap — provisionally — by making Janet's works readable and searchable in English for the first time.

This is not an academic translation, nor does it claim to replace one. It is a faithful, literal rendering produced with the aid of AI language tools such as Chat GPT and DeepL and lightly edited for clarity. Its purpose is preservation, accessibility, and revival. By bringing these texts to light, I hope to:

- Preserve Janet's contributions in a readable English form
- Spark renewed interest among scholars, clinicians, and students
- Inspire human translators to produce definitive, academically rigorous editions

A Case of Possession and Modern Exorcism^{1,2}

Pierre Janet

Ladies and Gentlemen,

The Society of Friends of the University of Lyon has done me the honor of inviting me to present to you some of the research recently conducted in the field of moral and psychological sciences. I am happy and proud to come speak about questions that greatly interest me in a city that has contributed so brilliantly to the progress of medical and philosophical sciences.

Psychological studies, the analyses of the human mind, have taken on increasing importance and a somewhat new character in the second half of this century. Instead of limiting himself to examining and describing his own feelings—which is no doubt fundamental but imprecise and quite incomplete—the psychologist has more often examined the people around him, and based on their attitudes, actions, words, and writings, he has sought to analyze their feelings and ideas. A somewhat *objective* psychology has thus been added to the purely subjective psychology of our old masters; it has thereby observed new and precise facts which have allowed for a better understanding of earlier observations and a significant expansion of the field of moral studies. This objective psychology has itself been subdivided: at times, with the psycho-physicists, it precisely measures sensations and their relations with external excitations; at times, under the name of psycho-physiology, it seeks the relationships between cerebral organs and thought; at times, under the name of comparative psychology, it brings together the characteristics of different human races, and even compares the intelligence of man and that of animals. But one branch of these studies has, in recent years and especially in our country, undergone considerable development. I speak of pathological psychology, of psycho-pathology, as it is often called abroad when referring to French work.³

The mind, in fact, is subject to illnesses just like the body, and the illnesses of the mind allow us to observe psychological phenomena that are extremely interesting from many points of view. These illnesses show us peculiar exaggerations of normal phenomena and allow us to study the facts of the mind at high magnification, just as the microscope does for physical objects. They also present to us modifications, alterations of moral phenomena—alterations that occur before our eyes under well-defined circumstances. Such changes of phenomena under given conditions constitute what is called experiments in the sciences, and the patient often offers us the opportunity to study true

¹ “Un cas de possession et l’exorcisme modern,” Conférence faite le 23 décembre 1894, *Bulletin des le travaux de l’Université de Lyon*, vii, facsimile 2 (December 1894 – January, 1895), pp. 41-55.

² Lecture given at the Université de Lyon, on December 23, 1894, published in the *Bulletin de l’Université de Lyon*, December 1894–January 1895.

³ Max. Dessoir, *Experimentelle patho-psychologie*, *Vierteljahrsschrift f. Wissenschaftlicher. Philosophie*, 1892. — N. Fornelli, *Gli studi di psicopatía in Francia*, Napoli, 1894.

psychological experiments—experiments that occur naturally and that we would not have been able to produce artificially with our limited means.

This part of objective psychology has yet another advantage that seems essential to me: it is practical. No doubt a science does not concern itself solely with the useful applications of its research; it often knows how to be disinterested. But it is no less true that applications, when they are possible, constitute the consecration and sanction of a scientific study. The truth of psychological research will not be demonstrated, psychology will not truly take the place it deserves, until it too has become a science that is practical and useful to humanity. Pathological psychology will strongly contribute to this happy outcome: already, studies on abnormal minds, on criminals, allow us to glimpse a practical reform of pedagogy and criminal legislation. There is no reason not to hope that pathological psychology will one day give rise to a medicine of the mind that will allow us to relieve and to heal. These results of psychological studies, though they are practical, should not be disdained; on the contrary, they should be regarded as the fulfillment, the reward, of all the efforts of the moral philosophers.

It is this important role of objective psychology—both from a scientific point of view and a practical point of view—that I would like to illustrate by studying a specific example. This case presents a general interest, as it concerns a delusion that has played a rather significant role in history: the delusion of possession by the devil. It involves a patient afflicted by this delusion, a man possessed by the devil, whom we studied a few years ago at the Salpêtrière. The analysis of his mental state was carried out in the small psychology laboratory that my excellent and much-missed master Charcot helped me set up in his ward at the Salpêtrière, and whose direction my eminent master, Professor Raymond, kindly allowed me to retain. This study of a disordered mind may give a general idea of certain investigations in objective psychology and of the resources it offers for the relief of the mentally ill.

1. A Case of Possession

These delusions of possession by the devil were formerly very frequent and presented themselves in various forms that we rightly consider today as distinct mental illnesses. Most often, these illnesses simultaneously affected a large number of people in the same region and formed true epidemics. It is known—for example, to mention only a few cases—of the possession of the nuns of the monastery of Kintrop in 1550, whom the devil compelled to skip, to bark, to meow; the story is known and is both horrible and shameful: the Ursulines of Loudun and the execution of Urbain Grandier. The more recent epidemics of Morzine (1860) and of Verviers (1880) have been frequently described. These illnesses, moreover, are not particular to our era, and we have invented nothing on this point; we have merely adapted to our beliefs the ideas of the pagan world. M. Henri Meige,⁴ in a series of very curious studies, has recently shown us the earliest manifestations of these delusions and these beliefs long before

⁴ Dr H. Meige, *Les possédées dans l'antiquité. — Les possédées noires*, 1894.

Christianity. In the savage tribes of Africa, as shown in his study on the possessed blacks, one finds the same phenomena and the same interpretations. In Greco-Roman antiquity, we know of the Dionysian orgies, the ceremonies of enthusiastic divination, the bizarre customs of monks, the Corybantes, the Salian priests; before the demon-possessed, there were those possessed by gods. In ancient literature, you know the story of *The Golden Ass* by Apuleius, of Lucius who, under the spell of witches, loses his free will and believes himself transformed into a donkey. Finally, it is often those possessed—those unfortunates driven to drown themselves from a strong passion for the nymph Amphitrite—who are considered victims of Jupiter or Apollo. In the Far East, the same things happen: according to the curious work of Dr. Nevius,⁵ the Chinese possessed by the goddess Wang behave exactly as do our own possessed by Satan.

Little by little, light has been shed on these terrifying phenomena. Already, Dom Calmet in his curious book on spirits published in 1751 made some accurate observations on these epidemics of possession, which increase with persecution. Esquirol, in the first volume of his works, explains this strange delusion as well as was possible in his time; the works of Ellis, Archambault, Legrand du Saulle, Guislain, Dagonet, Macario, Ritti, Legals, etc., help us to interpret it.

All enlightened minds are today quite convinced that these possessions were nothing more than simple mental illnesses, and that exorcisms, when they had any effect, played a role analogous to that of suggestions in hypnotic research. A kind of retrospective diagnosis has even been made, specifying the various forms of this delusion and comparing them to this or that illness studied today. But these interpretations of ancient phenomena have never had the precision or certainty of recent studies on facts occurring before our eyes. We must take into account the delusions of possession that still exist today⁶ (even though they attract less attention and are only rarely the object of public superstitions) and analyze them ourselves. We will find in them the same characteristics, the same details so precisely noted by the earlier observers. We will recognize in them, as Charcot said, “the law of the identity of a pathological manifestation,” and, as we will be able to carry out more detailed experiments, we will be able to interpret these delusions more accurately.

The patient who will serve us in conducting this study is a 33-year-old man who, four years ago, was brought to the Salpêtrière into Charcot’s service. I was able to examine this person closely, as he had been entrusted to me, and I was fortunate enough to fully restore his reason within a few months. This recovery has been admirably maintained for more than three years now, and the patient has been followed for a long enough time that we can now study his delusion, examine the methods that brought about the recovery—what one can call *modern exorcism*—and finally draw from this observation the lessons it contains. I can, moreover, recount this unfortunate man’s misfortunes without difficulty; I will give him a fictitious name and change his country and social status. Only the

⁵ Dr John L. Nevius, *Demon-possession and allied themes being an inductive study of phenomena of our own times*. New-York, 1894.

⁶ A. Souques, Une récente exorcisation en Bavière. *Nouvelle iconographie de la Salpêtrière*, 1893, 1.

psychological and medical facts will be exact; they have an abstract and impersonal character that allows them to be discussed.

Achille—we will designate him by this name—belonged to a modest family of peasants from the south of France. His background was simple and, evidently, little educated. This confirms Esquirol's remark that the delusion of possession is now scarcely found except in the lower class of society.⁷ His parents and the villagers were rather superstitious, and strange legends circulated about his family. His father was accused of having once given himself to the devil and of going every Saturday to an old tree stump to converse with Satan, who would hand him a bag of money. Achille's father laughed at these accusations, but he was nonetheless rather tormented and obsessed with superstitious fears. Moreover, his own father—Achille's grandfather—also did not have a perfectly sound mind: on several occasions, he left home without reason and no one was able to fully explain these disappearances. It is difficult today to interpret them precisely.

It was nearly the same with the mother of our subject. She had a robust physical constitution, but her intelligence was rather weak, and she could not resist a vice that is more properly a mental illness: alcoholism. In her case, it was a family habit—her own mother, Achille's grandmother, was rarely in her right mind; without pushing things too far, she imitated her, and in short, we can consider this entire family as strongly affected by chronic alcoholism. Based on these observations, one might say that Achille was hereditarily predisposed to madness, that he was a degenerate in the classical sense of the term. That is correct in a general and commonplace way; it is indisputable that the alcoholism of parents predisposes children to all kinds of physical and mental illnesses. But that case is a bit too general a truth, and we must not believe we've fully explained everything by saying: "He's a degenerate." That observation, though often correct in itself, does not relieve us of the task of studying the illness, of seeking its secondary causes (which are practically more important than the primary and general cause) and even of trying to cure it.

Achille had a normal childhood; a student at a small secondary school, he showed himself to be studious and diligent, though of average intelligence; above all, he had an excellent memory and read enormously, without much discernment. He was impressionable, took everything seriously—"as if it had really happened," he would say—and remained upset for a long time over a fear, a punishment, or the smallest incident. He did not share the superstitions of his village and had very little in the way of religious beliefs. One could have declared him almost normal, if he had not frequently suffered from migraines and if a few small facts, which seem important to me, had not been observed. Though he was very sensitive and very affectionate, he was unable to make friends; he lived in solitude and was a little mocked by his classmates. Without exaggerating the importance of what may be a rather insignificant fact, I suspect a common trouble in these children, in these young people who become the scapegoats of the school and the college. They have some sort of moral malformation that prepares them for this role, and this situation is not one that favors the development of their mind.

⁷ Esquirol, *Maladies mentales*, 1838, I, 504.

But Achille left school early and, being employed in a small business, did not seem to suffer much from it. A very fortunate circumstance for him was that he married early, at the age of 22, to an indulgent and devoted woman who corrected some of the excesses of his imagination and made him reasonable and happy for several years. They had a child, a little girl who grew up in an entirely normal way, and everything went well for our subject for about ten years. Achille was 33 when he experienced a series of incidents that brought him to the Salpêtrière within a few months.

I will recount these incidents *in a first manner*, as they appear to a superficial observer—that is, as they were observed by those around the patient, as they were told by his wife, and even as Achille tells them himself when questioned, doing his best to speak with accuracy and sincerity.

Toward the end of winter 1890, Achille had to make a short necessary trip for business and returned home after a few weeks. Although he claimed to be in good health and made efforts to appear cheerful, his wife found him completely changed: he was somber, preoccupied, kissed his wife and child without emotion, and spoke very little. After a few days, this taciturnity increased, and the poor man murmured only a few barely audible words throughout the day. But his silence took on a special quality: it was no longer a voluntary cessation of speech—Achille remained silent not because he did not want to speak, but because he could no longer speak. He made futile efforts to articulate a sound, but could no longer manage it—he had become mute. The doctor consulted shook his head and deemed the case very serious. He examined our man, tested his urine, and concluded it was a general weakening, a change in mood, a dyscrasia, possibly diabetes, etc., etc. These worries deeply disturbed Achille, who suddenly recovered speech just enough to complain of all sorts of pains. He had no strength, suffered all over, could not eat, and was tormented by intense thirst. Without a doubt, it was the diabetes the doctor had diagnosed. Every possible treatment and medication was tried. As there was no improvement after a full month, Achille went to consult another doctor. This eminent practitioner mocked his colleague's diagnosis, focused instead on the heartbeat and breathlessness of the patient; he asked whether Achille had not felt sharp pains in his left arm with acute suffering in the last fingers of his hand. Achille hesitated for a moment, then recalled perfectly having experienced them. No more hesitation—it was a case of angina pectoris, of cardiac hypertrophy, and the greatest precautions were necessary. The diagnosis was confirmed further by a whole series of symptoms the doctor had predicted and which Achille experienced in the following days.

The poor man took to bed and felt overwhelmed by the blackest sadness. He no longer occupied himself with anything, and in fact he no longer understood anything he read—often he even seemed not to understand the words addressed to him. To all his wife's desperate questions, he would reply that he did not know what was distressing him, that he still had hope, but that despite himself he felt the darkest forebodings. He slept from time to time, but even in sleep his lips moved and murmured incomprehensible words, and his eyes were filled with tears. At last, his premonitions seemed to come true. One day, when he was sadder than usual, he called for his wife and his child, embraced them desperately, then

lay down in bed and moved no more. He remained motionless like this for two days, while those who were watching over him expected his final breath at any moment.

All at once, one morning after two days of apparent death, Achille sat up in bed, eyes wide open, and burst into a terrifying laugh. It was a convulsive laughter that shook his whole body—an exaggerated laugh that twisted his mouth, a lugubrious laugh that went on for more than two hours, truly satanic.

From that moment on, everything changed. Achille leapt out of bed and refused all treatment. To every question he responded: “Don’t bother, it’s useless, let’s drink champagne, it’s the end of the world.” Then he let out horrible cries: “I’m burning, they’re cutting me to pieces.” These screams and erratic movements lasted until evening, then the poor man fell asleep in a restless sleep.

The awakening was no better. Achille recounted a thousand horrifying things to his gathered family. “The demon,” he said, “was in the room, surrounded by a pile of little devils, horned and grinning; even more—the demon was inside him and forced him to utter horrible blasphemies.” In reality, it was Achille’s own mouth—though he claimed it wasn’t him—that cursed God and the saints, and repeatedly spewed the most vile and obscene insults against religion. What was even more serious and cruel was that the demon twisted his legs and arms and made him suffer such cruel torment that it drew horrible cries from the poor man. At first, it was thought to be a fever, a passing delirium; but the condition persisted. Achille rarely had moments of calm in which he would embrace his daughter in tears and lament his sad fate—having become prey to demons. Never did he express the slightest doubt about his possession—the devil, he was absolutely convinced, had taken hold of him. “I have not prayed enough to our holy religion, nor to the devil,” he said. “He has taken his revenge—he holds me, he is in me and he will never leave.”

When he wasn’t being watched, Achille would escape from the house, run across the fields, hide in the woods, and be found the next day in a state of terror. He especially tried to get into the cemetery, and on several occasions was found lying asleep on a tomb. He seemed to be seeking death, for he swallowed poisons; he drank laudanum, part of a small vial of Fowler’s drops, etc.; he even tied stones to his feet and threw himself into the water. Though he managed to get out again, when he was found at the riverbank, he said sorrowfully: “You see clearly that I am possessed by the demon, since I cannot die. I have undergone the test that religion demands, and I threw myself into the water with stones at my feet, and I floated! Ah! The devil is truly in me.” He had to be locked in his room and watched closely. After three months of this delusion, so horrifying for his poor family, a decision had to be made—somewhat late—and on the advice of a wise doctor, he was taken to the Salpêtrière, as to the place best suited today for exorcising the possessed and driving out demons.

When Charcot and my friend, M. Dutil—who was his chief clinician—entrusted me with this interesting patient, I immediately observed in him all the classic signs of possession as described in the epidemics of the Middle Ages. Eginhard expresses himself in the following way about a demoniac: “It was an extraordinary sight for us who were present to see that evil spirit speak through

the mouth of this poor woman, and to hear at times the sound of a male voice, at times the sound of a female voice—so distinct from one another that one could not believe it was the woman speaking alone. One imagined instead that two people were quarreling violently and hurling insults at each other. And in fact, there were two persons, two different wills: on one side the demon, who wanted to break the body he possessed, and on the other, the woman, who wished to be delivered from the enemy that tormented her.”⁸

This poor man—small, with wild eyes, a pitiful appearance—offered us the same spectacle: he murmured blasphemies in a low, grave voice: “Cursed be God,” he said, “cursed be the Trinity, cursed be the Virgin...” Then in a higher-pitched voice and with tearful eyes: “It’s not my fault if my mouth says these horrors, it’s not me... it’s not me... I press my lips together so that the words won’t come out, so they don’t burst forth all at once, but it’s no use—the devil says those words from within me, I can feel clearly that he says them and that he moves my tongue despite me.” Madame de Belfield, the heroine of the Loudun trial, also felt a living being within her body speaking instead of her and claimed that evil spirits had taken possession of her person.⁹ “It’s the devil who makes me say all these things,” Achille still said, “I don’t want to die, and he’s forcing me to destroy myself. Look, at this very moment, he speaks to me...” and he resumed in a low voice: “The priests are all miserable...” then in a loud voice: “But no, I don’t want to believe it,” and there he was—talking with the demon and arguing with him. Often he seemed to argue with his demon, who had the nasty habit of constantly criticizing him: “You lie,” said the demon. “No, I do not lie,” replied the poor man.¹⁰ He could have said, like a famous possessed man, Father Surin: “It is as if I had two souls, one of which had been dispossessed of its body and of the use of its organs, and crouched down watching what the one who had entered was doing.”¹¹

The possessed did not limit themselves to feeling the action of the devil within themselves—they saw the demon and heard him. Such was the case for Achille, who heard other demons speaking and laughing outside his body and who saw a devil before him. The head of this devil, in particular, was clearly visible—black, hideous, with horns—and, what is truly satanic, this head did not completely obscure objects: the devil’s head was transparent!¹²

Finally, it is known that in earlier times people carefully searched for signs of witchcraft or the stigmata of the devil, which, according to the most competent authorities, were considered “the most reliable proofs of witchcraft and possession, as immutable and not subject to suspicion of falsification.”¹³ The unfortunate were pricked with needles, and it was noted that in certain areas they

⁸ D’après Maury, *Magic et Astrologie*, p. 327. — Cf. Mirville, *Les esprits*, III, 182.

⁹ *Mémoires de sœur Jeanne des anges*, published by Legué et Gilles de la Tourette, 1886, 69, 92. — Cf. Mirville, *Les esprits*, I, 120.

¹⁰ The same detail is found in Griesinger, *Traité des maladies mentales*. Translated ed. 1873, 287.

¹¹ *Mémoires de sœur Jeanne des Anges*, 1886.

¹² In observations of demonomania, this feature—that is, the presence of multiple hallucinations involving all the senses—has been frequently observed. Cf. Dr. Lapointe, *Une famille entière de six personnes atteintes simultanément de démonomanie*, *Annales médico-psychologiques*, 1886, II, 350.

¹³ Cf. Pitres, *Leçons sur l’hystérie*, I, 56.

felt no pain from the prick. This characteristic insensitivity also manifested in another way through the very actions of the possessed. “The nuns of Kintrop, during the 1550 epidemic, in their exaltation, insisted on striking themselves, giving themselves bruises, bites—and all without showing any sign of pain.”¹⁴

These signs—and especially the last—were also present in the unfortunate Achille. His insensitivity, it is true, was not constant; but when he twisted his arms in convulsive movements, he could be pricked and pinched without noticing. It has already been observed in possession epidemics—particularly in the one at Morzine—that anesthesia was most pronounced in the parts of the body undergoing convulsions: “if the agitation is limited to the arms, the prick is felt in the legs and not in the arms.”¹⁵ Moreover, Achille often struck himself, tore at his face with his nails, and felt no pain. All the signs of possession were present.

When I tried to comfort the poor man and calm him a little, I was very poorly received: all my attempts were in vain. I tried, futilely, to exert some authority over Achille, to force him to obey me; I tried, as a last resort, if it was not possible to put him to sleep, to at least subdue him further during a hypnotic state; all was useless; by no method could I succeed in either suggesting to him or hypnotizing him; he responded with insults and blasphemies, and the devil speaking through his mouth mocked my powerlessness. It was the same in former times: when the doctor told the demon to be silent, the demon would reply harshly: “You command me to be silent, and I do not want to be silent!”¹⁶

At my express request, the chaplain of the Salpêtrière kindly came to see the patient, tried to comfort him, and to teach him to distinguish true religion from diabolical superstitions; but he was unable to succeed and told me that the poor man was entirely lost and would need the help of medicine rather than that of religion. So I had to return to work.

I then observed that the patient was indeed performing movements without realizing it and that, preoccupied with his hallucinations and his delusion, he was extremely distracted. It was easy to take advantage of his distraction to induce in his limbs movements that he would perform without knowing it. We know of distracted individuals who look for their umbrella on all sides while holding it in their hand without realizing it. I was able to slip a pencil into the fingers of his right hand, and Achille held and scratched at the paper without even noticing. I gently guided the hand holding the pencil and made him write a few strokes, a few letters, and the hand, drawn into a slight movement by which the patient always remained preoccupied with his delusion and unaware of what he was doing, continued to repeat the letters and even began to write the first name “Achille” without his realizing it. These unconscious movements accomplished by a person who seems to be producing them knowingly are generally referred to as automatisms, and they were among the most numerous and most varied in this patient.

¹⁴ Cf. Paul Richer, *La grande hystérie*, 1885, 807.

¹⁵ Cf. Paul Richer, *op. cit.*, 857.

¹⁶ Possession of Mlle Banssing in 1619 in the town of Remiremont, in the *Traité sur les apparitions des esprits et sur les vampires ou les revenants de Hongrie et de Moravie*, by Dom Augustin Calmet, Abbot of Sénones, 1751, I, 211.

Having established this point, I tried to produce those movements by simple command. Instead of addressing the patient directly—who, as I knew too well, would have answered with insults—I let him rave and declaim freely; but placing myself behind him, I gave just a few commands. These movements did not occur; but to my great surprise, the hand holding the pencil began to write rapidly on the paper placed before it, and I read the short phrase that the patient had written without knowing it—just as earlier he had signed his name without being aware of it.

The hand had written: *“I don’t want to.”*

This seemed to be a response to my command, so I had to continue.

“And why don’t you want to?” I said to him in the same tone;

the hand immediately responded by writing:

“Because I am stronger than you.”

“Who are you then?”

“I am the devil.”

“Ah! Very well, very well, now we’re going to be able to talk.”

One can see, in figure 66, a reproduction of this writing by the devil.

non
je ne veux pas
je veux lui mettre
des clous aux
yeux

FIG. 66.

Not everyone has the opportunity to converse with a devil, so it had to be taken advantage of. To force the devil to obey me, I appealed to the feeling that has always been the favorite sin of devils—vanity. “I don’t believe in your power,” I said to him, “and I will only believe in it if you give me proof.”

“What proof?” replied the devil, borrowing—as always—the hand of Achilles, who suspected nothing, to answer me.

“Raise the left arm of this poor man without him knowing it.” Achille’s left arm immediately rose.

I then turned toward Achille, shook him to draw his attention to me, and pointed out to him that his left arm was raised. He was quite surprised and had some difficulty lowering it. “The demon is playing another trick on me,” he said. That was true—but this time, the demon had played that nasty prank at my command.

By the same method, I made the devil perform a whole series of different actions; he always obeyed perfectly. He made Achille dance, made him stick out his tongue, kiss a piece of paper, etc. I likewise made the devil, always during one of Achille’s distractions, show roses to his victim or prick his fingers—and here is Achille exclaiming because he sees a beautiful bouquet of roses in front of him, or crying out because someone has just pricked his fingers.

Well then! All the preceding facts are identical, down to the details, with those that have been observed by the old exorcists. One can see it in this old account: “M. Midot, schoolmaster of Toul, said to the demon: sit down; the demon replied: I do not want to sit. M. Midot said again: sit on the ground, then; but as the demon wanted to throw the possessed woman to the ground, he said: do it gently; and he did. Then he added: stretch out your right foot; and he stretched it; and he said: cause cold in her stomach; the woman responded that she felt a great cold.”¹⁷ “Isaacharum, recounts another exorcist, cried out: ‘Cursed be Mary and cursed be the fruit she bore!’ The exorcist immediately commanded satisfaction be made to the Virgin for these horrible words, and while writhing on the ground like a serpent and licking the chapel floor in three places... But there was still refusal to obey this order until hymns began to be sung; then the devil began to writhe and twist and roll himself and dragged his body to the end of the chapel, where a large black tongue emerged and licked the floor with convulsions, screams, and contortions so horrifying to behold!”¹⁸

The difference between these ancient experiences with devils and ours is that the exorcists tried to speak in more or less correct and entirely conventional Latin, or even in a kind of mock Greek that the nuns of that time understood or guessed fairly well. I also attempted a few very simple kitchen-Latin suggestions to Achille’s devil—they were not too unsuccessful: “*da mihi dextram manum, applica digitum tuum super nasum*” (“give me your right hand, place your finger over your nose”), but after a few attempts, it was clear that the devil and I both preferred to converse in French. So in this regard, there is a modification in possession that relates to changes in environment and era. The other characteristics—the commands given to the devil, the demon’s resistance, its eventual obedience, the movements it made the possessed person carry out against their will and even without their knowledge, the very sensations and hallucinations that the devil, at the exorcist’s order, made the patient experience—have all remained exactly the same.

Thanks to the previous procedures, I was able to go even further and do what the exorcists never considered attempting. I asked the demon, as a final proof of

¹⁷ Dom Calmet, *op. cit.*, I, 212.

¹⁸ Régnaud, *De la sorcellerie*, 1887, 51. Cf. *Mémoires de sœur Jeanne des anges*, 181.

its power, to kindly put Achille to sleep in an armchair and put him completely to sleep without his being able to resist. I had already tried in vain to hypnotize this patient by addressing him directly—everything had been useless; but this time, taking advantage of his distraction and addressing the demon, I succeeded very easily. Achille tried in vain to resist the sleep that was overtaking him; he fell heavily backward and fell completely asleep.

The devil did not know into what trap I had lured him. Poor Achille, whom he had put to sleep for me, was now in my power. Very gently, I led him to answer me without waking, to tell me his sufferings, and in this way I learned a whole series of events that no one knew about, including Achille himself, who, when awake, was completely unaware of them and which shed an entirely new light on his illness.

But before studying these new facts and the role they played in the patient's recovery, it is necessary to recall certain now well-known facts, certain theories of pathological psychology which will allow us to better understand the account of the unfortunate possessed man.

2. Subconscious Reveries

One characteristic obviously dominates in all the strange phenomena exhibited by our patient as well as in those that remain to be studied: it is mental automatism. To understand them, it is therefore necessary to briefly recall the studies that have been carried out on this automatism, emphasizing certain complex forms which, in the present case, play the most important role.

It is certainly very difficult to determine the intimate nature of human will, but by taking into account the observations provided by pathological psychology, one can show fairly clearly some of the apparent characteristics of voluntary acts. The voluntary act is first of all a new act, it is constituted by a combination of ideas and images in relation to a present situation which has not yet occurred in exactly the same way. Will is the continual adaptation of our ideas and actions to the physical and moral environment in which we are immersed and which is constantly changing, and the voluntary act is constituted by this new synthesis of psychological phenomena necessary for adaptation to changing circumstances.¹⁹ One can also observe in these acts a second characteristic upon which philosophers have already greatly insisted. The voluntary act is a *personal* act, in which our *personality*—along with the whole of sensations, memories, tendencies, in a word with the *character* that constitutes it—plays a predominant role. “The ultimate reason for voluntary choice lies in character,” rightly said M. Ribot, “that is to say, in what constitutes the individual's own psychological mark and the difference from all other individuals of his species.”²⁰

We have tried to specify this character by showing the importance of personal consciousness in voluntary acts.²¹ These acts not only depend on our personality,

¹⁹ Pierre Janet, *Étude sur un cas d'aboulie et d'idées fixes*. *Revue philosophique*, March 1891, p. 268. Chapter 1 of this work.

²⁰ Th. Ribot, *Les maladies de la volonté*, 1883, 30-148 (Paris, F. Alcan).

²¹ *Les stigmates mentaux des hystériques*, 1893, 143.

which through its character and tendencies was their principal motive, but they are presently connected to our person who knows that it performs them through personal consciousness. They will remain connected to our personality through memory, for we will later consider them as part of ourselves, and they will again be linked to it through imagination, since we will attribute to ourselves in the future all the consequences of these acts. Exact adaptation to new circumstances and personal consciousness constitute two essential characteristics of voluntary acts.

One can characterize automatic phenomena by two exactly opposite features. These are *old* acts, already performed in the past, which at one time were exactly related to the whole set of circumstances, but which today are no longer suited to the present situation. They are linked to *a single* present event that serves as their signal, but they are not in harmony with all the others, since they occur without our having combined or adopted them. Moreover, such acts *are not* fully *connected to our personality*, often even occurring outside of it. Although they may not be completely unconscious—since they often show a certain sensitivity and a certain intelligence—they lack that personal consciousness through which we become aware of psychological phenomena and connect them to our person. In a word, automatic acts are involuntary, not *combined* for the present situation, and more or less subconscious.

We know that phenomena with the preceding characteristics are very numerous among all men, even the most sound of mind. Truly voluntary acts are rare, and many of our actions are partially, if not entirely, automatic. Involuntary movements—yawning, scratching, movements rhythmically guided by music—have been described so often that I need not insist further on them. Many authors have also drawn attention to these subconscious movements, more or less connected with our thoughts, which allow them to be guessed despite ourselves in the experiments of the registering pendulum and the "Willing game".²² We also know how much the state of distraction, which is common among all men, favors the production of such phenomena. We can walk through the crowded streets of a large city while daydreaming about something else; our legs walk, avoid obstacles, our eyes and ears detect dangers and guide us without us having the slightest awareness of it. Who hasn't heard of those people who, when pouring water, continue indefinitely until they flood their guests, or who keep adding sugar to their cup until it overflows? Xavier de Maistre, in his *Voyage autour de sa chambre*, charmingly described such foolishnesses that "the beast" commits in us when "the soul" does not sufficiently keep watch over them, and many psychologists today have insisted on the importance of studying distraction in order to understand the mechanisms of our mind.

Thus, it is not on this somewhat elementary automatism that I wish to particularly insist. It seems to me that these thoughts which develop within us, without us, these half-formed acts, these inner words which form without our will and without our consciousness, can become considerably more complex. It is not

²² Ch. Richet, *Les mouvements inconscients*, dans *l'Hommage à Chevreul*, 1886.

— Pierre Janet, *Les actes inconscients et le dédoublement de la personnalité*. *Revue philosophique*, 1886, II, 577, and *L'Automatisme psychologique*, 1889, 367.

a matter of a single isolated automatic phenomenon that occurs as a rare accident in our life, like a yawn or a voluntary gesture. It is a long chain of thoughts and inner words which develop within us almost without our awareness, which occupy a considerable part of our life and which play a major role in all our behavior.

To help understand these phenomena, which seem important to me although often too poorly understood, I will first recall an example in which they appear in a curious way. Everyone who has observed young children has noticed an amusing little fact. When several young children sleep in the same room, it often happens that before falling asleep, they tell each other stories. These are very long and quite lovely stories with adventures, with lots of “and then... and then...” going on endlessly. Sleep weighs down their little heads, the narrator is already asleep but still tells the story and continues the beautiful tale in his dreams. The next day, at the same hour, the children resume their story at a more advanced chapter, having difficulty understanding each other at first, because, having continued the story in their dreams, they are no longer all at the same point. And so, for days and months, the beautiful story continues, which every evening charms the minds of the very young and prepares them for sweet dreams.

I believe that we are all more or less like these very young children, and that we like to tell ourselves beautiful stories over and over again, stories that make us forget dull reality and give us the courage to work to transform it. But we do not tell ourselves this beautiful story only at night before falling asleep; we often tell it to ourselves during the day as well. While walking, while eating, while performing mechanical work that does not require too much attention—writing, drawing, sewing especially—we speak to ourselves incessantly and continue the never-ending tale.

We are even often annoyed when the necessities of life force us to pay attention to something real, to listen to a speaker, to read a letter, and we hurry to return to this story that unfolds within us effortlessly, in a way so easy and so pleasant.

I believe there would be a most curious psychological study to be made on this inner and continuous daydreaming which plays a considerable role in the lives of many men. One could study the content of these reveries; one would sometimes see strange psychological work taking place within us without our knowing. It is thanks to this subconscious work that we find problems entirely resolved that, not long before, we could not understand. It is thus very often that we prepare a book or a lesson which, one fine day, appears to us fully formed, without our understanding the miracle. One could also, depending on the nature of this reverie—humble or ambitious, sad or satisfied—discover many laws of character and many hidden predispositions.

But it would be especially interesting to study the form or rather the general laws that govern the development of this reverie. Most often, it is monotonous, it remains for a long time always the same, without being modified by external circumstances. One dreams that he wins millions, another that he commands an army and conquers a barbarian country, another colonizes a deserted island like Robinson, or plays the leading role in a love novel. But each one keeps his story,

always the same, and recites it incessantly. If the story changes, it is most often with astonishing slowness, and I have noted observations in which small new incidents, which should have immediately been added to the novel, in reality only appeared in the reverie after several months. These modifications, moreover, hardly depend on our whim and occur slowly, following the laws of a peculiar logic that governs our reveries, just as it governs the delusions of the insane. One might also note that these reveries are scarcely conscious; we vaguely know that we have them within ourselves, but we cannot always describe them exactly, for we retain only a very confused memory of them. Often we find ourselves surprised when listening to our story, as if it had developed and changed within us without our knowledge. These are indeed the characteristics of automatic phenomena: one can thus consider these reveries as a considerable development of the small facts of distraction that were first studied, and one can believe that they are more or less subject to the same laws.

These phenomena, which often exist even in the normal man, take on an extraordinary importance in the patient. As soon as, for any reason, accidental or permanent, the mind weakens a little, one sees these automatic reveries grow excessively and take on much clearer features. They become completely involuntary, and the person is forced to undergo them without being able either to stop or modify them; they become more distinctly subconscious and leave much more incomplete memories, or even are accompanied by no personal consciousness or no memory at all.

The clearest case of these automatic phenomena, completely separated from the subject's consciousness, has given rise to one of the most curious superstitions of our time: belief in spiritism. No doubt, in spiritist séances there are many deceptions and many mystifications—that is certain—but, as I have previously worked to demonstrate,²³ certain facts are undeniable: the medium's writing, the ignorance he claims of what he writes, his surprise or anger when reading what his hand has written without his knowing—it is these very real facts that are most interesting to the psychologist, for they are nothing more than exaggerations of normal phenomena. The medium is an individual who dreams while awake, but who has completely lost personal awareness of his daydream.

When this is the case, a foreign person can take over the direction of this reverie, of these complex psychological phenomena which exist in the mind of the patient without him knowing it. One can, by placing oneself in particular conditions, by taking precautions so that the patient's attention is directed elsewhere, express words that will modify the subconscious dreams without being consciously heard by the patient. These suggestions by distraction²⁴ can determine the strangest facts and completely remove from the subject the free control of his movements and his thoughts; they will manifest in the most complete way the disaggregation of the mind. This division of human thought will be more or less serious; it will vary depending on the nature of the automatic phenomena that have developed; it will be deeper, following the interesting remark of the alienist

²³ *Automatisme psychologique*, 1889, 376.

²⁴ Pierre Janet, *Les actes inconscients et la mémoire pendant le somnambulisme*. *Revue philosophique*, March 1888, p. 249.

J. Cotard, when the images of the muscular sense—which play a great role in the constitution of our personality—are themselves greatly altered. But whatever the degrees and variations may be, the fact that dominates in such disturbances is the division, the splitting of personality.

Several people take offense at this notion of psychological disaggregation, seeing in it an attack on the unity of our personality, a division of our soul. That is a particular interpretation of our studies. In this research, it is not at all a question of the human soul, nor of the metaphysical principle of our being. It is only a question of facts that truly occur in our thinking and of the way in which they group themselves in appearance. Whatever our opinions on the nature of the mind, we cannot deny that man has dreams and that he often retains no memory of these dreams. The expression “mental disaggregation” is simply the description, the summary of incontestable facts; this expression only states that human thoughts, whatever their deep origin, can separate from one another in such a way as to form groups that are more or less coherent and more or less distinct.

This doubling of the mind becomes, in certain pathological cases, so real and so manifest that it is noticed by the patient himself. The medium is completely astonished by the speeches he sees written by his own hand, or even by the words he hears his own mouth utter despite himself. He cannot help but attribute them to a foreign person who borrows his hand or his mouth to express themselves. The dream itself, a reflection of the medium’s thoughts and of common ideas, will confirm these natural suppositions, and the automatic writing will be signed with a famous name. In spiritist circles, it will be the Spirit of Socrates or of Gutenberg, or the soul of some great-great-grandfather who takes authorship of these messages. In antiquity, on the sacred tripod of Delphi, it was Apollo who inspired the automatic words of the Pythia. In the Middle Ages, it would be the devil who declared himself the author of these involuntary reveries.

We have quite naturally returned to the interpretation of the possession delusion. The study of automatic phenomena, of the development that involuntary and subconscious reveries can take in the normal mind—and even more so in the sick mind—allows us to understand the seemingly strange phenomena presented by our patient, Achille. We can now return to that poor man, who has remained peacefully asleep in his armchair. It will now be easier to interpret his accounts and to work toward his cure.

3. Explanation of the Delirium and Treatment

Despite the sleep in which Achille appears to be plunged, he hears our questions and can respond to them; it is a somnambulistic state. This somnambulism, which occurred during our conversation with the devil and as a result of a suggestion given to the latter, is nothing surprising. In the course of his illness, Achille had already shown, on several occasions, similar states: at night and even during the day, he would enter strange states during which he seemed to be in delirium and would wake up without the slightest memory of what he had done during those periods. The somnambulism we are observing is a form of

personality doubling which had already presented itself several times and which simply comes to reproduce itself. As for the mechanism of this reproduction, it is also well known: the doubling of personality already existed, when the patient exhibited automatic writing, when his subconscious thoughts expressed themselves, without his knowledge, under the name of the devil; this group of subconscious thoughts, already existing and already separated from the normal personality, was completed, developed as a result of the suggestions, and the somnambulism—which is nothing more than the complete form of these subconscious thoughts—was entirely constituted.

This fact has great practical interest: it is known that, whatever the reason may be, during somnambulism the patient recovers a memory significantly more extensive than during wakefulness. It is at this moment—it is a point upon which I have often insisted²⁵—that one can recover the memory of the deliria which determined and filled these attacks, of the subconscious phenomena which provoked a host of accidents and which he was unaware of during wakefulness. To help explain this, I will simply recall a rather curious observation. A young man of 25 years whom I had the occasion to treat a few years ago suffered from a facial tic. Every two minutes he would violently blow air through one nostril while making grimaces, and this had gone on for six years without the poor boy understanding what was causing this deplorable movement and without any treatment having had the slightest influence. This patient, whom I was led to examine, exhibited automatic writing and somnambulism. As soon as he was in this state, he explained it very clearly: “But it’s quite simple,” he said, “I have a scab in my nose from a strong nosebleed I had six years ago, it bothers me and I blow to get rid of it.” Needless to say, there was no scab in his nose and it was simply a fixed subconscious idea, as often happens in hysterics. It was enough to modify this fixed idea to make the tic disappear as if by magic. Without speaking of this treatment and this recovery, let us merely note that somnambulism allows the recovery of fixed ideas which he was unaware of during wakefulness.

It was exactly the same with Achille, who, once asleep, was able to indicate to us a multitude of details that he had previously ignored or not understood. In this state of somnambulism, he told us about his illness in a completely different way than he had up to that point. What he told us in this way is quite simple and can be summarized in one word: for the past six months, he had in his mind a long reverie that unfolded more or less without his knowledge, both during the day and at night. Like distracted people of the kind I just spoke of, he told himself a story—a long and lamentable story. But this reverie had taken on, in this weak mind, very particular characteristics and had terrible consequences. In a word, his entire illness had been nothing but a dream.

The beginning of the illness had been a fault he had committed in the spring during his little trip. For a moment, he had neglected his household a little, and that was enough. Do not be too hard on him, ladies, for he was cruelly punished.

The memory of his fault tormented him upon his return and provoked the sadness, the distraction that I already pointed out. He was especially preoccupied with the thought of hiding his misadventure from his wife, and this thought drove

²⁵ *Les actes inconscients. Revue philosophique*, 1886, I, 590. *Accidents mentaux des hystériques*, 1893, 58.

him to monitor his every move. He believed, after a few days, to have noticed that his wife's concern still persisted in him, and that is what bothered him when he wanted to speak. There exist weak-minded spirits who cannot do anything halfway and who always fall into curious exaggerations. I knew a young woman who, wanting to hide a fault, began to conceal her conduct and her thoughts. But in trying to hide a single point, she felt driven to hide everything, to alter everything; she ended up mentally lying from morning to night, even about the most insignificant things. In a crisis, she let slip the confession of her fault, obtained forgiveness, and completely ceased the lying. With Achille, it was the same thought of something to hide that produced not lying but mental mutism. We have already seen the first symptoms of the illness explained by the persistence of remorse and the dream it occasioned.

Already, the worries, the daydreams and the night dreams were becoming more complicated. Achille was overwhelmed with reproaches and expected every suffering to be a just punishment. He dreamed of all sorts of physical disorders, of the most frightening illnesses. It was these dreams of illness, half-ignored, that provoked fatigue, thirst, breathlessness, the sufferings that both the doctors and the patient had successively taken for diabetes and for a heart condition. We must also add that the doctors' interrogations, their descriptions of symptoms, and their diagnoses had singularly specified Achille's sufferings. His already ill mind, weakened by a constant preoccupation, had lost its unity and its power of synthesis; it allowed the ideas sown within him to develop in isolation, and the words of the doctors had acted like true suggestions.

The dream continued with that logic and peculiar slowness that we have noted in daydreams of this kind. Continuously, in the midst of his work, while eating, while seeming to listen to his friends, Achille was still dreaming. His story of illness repeated itself endlessly, but gradually advanced toward its fatal conclusion. Who has not had similar dreams, and who has not wept over their sad fate upon seeing their own funeral? Such dreams are frequent among hysterics, whom one often hears murmur all sorts of beautiful lamentations. "Here are flowers... white flowers, we're going to make wreaths to place on my little coffin..." etc. Achille, sick and suggestible, went even further—he enacted his dreams despite himself, he performed them. Thus we saw him bid farewell to his wife and child and lie down motionless. This more or less complete lethargy, which lasted about two days, was merely an episode, a chapter of this great dream.

When one has dreamed that one is dead, what can one dream of next? What will be the end of the story that Achille has been telling himself for six months? The end is quite simple: it will be hell. While he lay motionless and as if dead, Achille—since nothing could disturb him—dreamed better than ever. He dreamed that, his death being complete, the devil rose up from the abyss and came to seize him. The patient, who during somnambulism recounts his dreams to us, remembers perfectly the exact moment when this lamentable event took place. It was around 11 o'clock in the morning, a dog barked in the courtyard at that moment—no doubt disturbed by the odor of hell; flames filled the room, countless little devils whipped the miserable man and amused themselves by

driving nails into his eyes, and as his body was torn apart, Satan took possession of his head and his heart.

It was too much for this feeble brain: the normal personality, with its memories, its organization, its character—which until then had subsisted more or less—completely sank beside the encroaching dream. The dream, until then subconscious, finding no further resistance, grew and invaded the whole mind. It developed enough to form complete hallucinations and to manifest through actions and speech. Achille had the laughter of demons, he uttered blasphemies, he saw and heard devils, he was completely delirious.

It is interesting to see how this delirium takes shape and how all the symptoms it presents can be explained as consequences of the dream—as manifestations of psychological automatism and of the division of the personality. The delirium is not merely the expression of the dream—which would amount to simple somnambulism with related but disordered actions; the delirium is formed by the mixture of the dream and waking thought, by action and reaction between the two. The reason Achille utters blasphemies is that the dream itself says them; but when Achille hears them, he is indignant, attributes them to a devil lodged within him; it is the presence of normal consciousness and its interpretation. The devil then speaks to Achille and hurls threats at him; the patient's interpretation intensifies and clarifies the dream. To fight against the demon, Achille tries himself the methods that, according to what he believes, are used to exorcise the possessed; he throws himself into the water feet first, but the instinct for self-preservation saves him and brings him back to shore—realities that belong to waking life. The devil then begins to sneer and tells the poor Achille that he is immortal and that he will always be prey to demons—this too is now a continuation of the dream. And so, indefinitely, the opposition of the two streams of thought, their mutual influences, fuel the disorder and the delirium.

Pathological psychology can even today explain the details of this delirium. Thus the blasphemies that Achille pronounces without knowing it or against his will constitute a rather interesting and well-known phenomenon. Language is not composed only of auditory images of words, visual images, written letters; it also includes images of the movements of articulation that we make in order to pronounce words. These images of muscular sense, these verbal kinesthetic images, can separate from the personality and develop despite our will. Instead of experiencing auditory verbal hallucinations like the persecuted person who hears voices, the patient will feel within himself the images of the movements of speech as if he were actually speaking. One degree further and these images will produce real movements and bring about actual words that the patient will be completely surprised to hear his mouth pronounce. These will be automatic words, entirely identical in their mechanism to the automatic writing of mediums, as I have often had occasion to show. Achille's blasphemies depend on this automatism of verbal kinesthetic images.

One must recall the troubles of attention, and the inability to understand what one reads, or even what is read to him. Is the new synthesis necessary to group the words together possible in a mind so disorganized? These perception gaps are symptoms of great banality that characterize decompositions of the mind. As for

the insensitivity of the patient, of these stigmata of the devil, they constitute one of the psychological phenomena that I have studied the most and that I believe I have helped to understand. It is not enough to say that it is a case of "hysterical anesthesia": a word, a denomination, does not suffice to explain a phenomenon. One must note that this anesthesia is extremely variable, that it is very strong when the arm, busy writing for the devil, escapes the patient and that it disappears when Achille pays attention to his arm and regains control of it. It must be noted that this anesthesia is apparently contradictory: while his right hand holds the pencil, he pinches it violently. On one side Achille, whom I calmly question, replies that he feels absolutely nothing, while on the other the hand writes that it has been pinched and designates the spot. This decisive experience, which demonstrates the persistence of sensation at least in a subconscious manner, was presented and discussed for the first time in my work on anesthesia published in 1887.²⁶ Such contradictions have already been reported by Charcot, Regnard, and Parinaud regarding the troubles of life in hysterics, but I would not generalize these remarks or propose a general interpretation of these anesthetics by default of association of elementary phenomena to personal consciousness, whatever the phenomenon may be—fatigue, cerebral exhaustion, emotion that dissociates the mind. One can say in this case that Achille's sensitivity is far from lost; all sensations exist, perhaps weakened, and transformed by their isolation, but, as a result of a cerebral exhaustion caused by a persistent emotion that brings about a defect in synthesis in personal perception, a portion of the phenomena is attached to Achille's person and other sensations are attached to that group of thoughts that constitutes the devil. The anesthesia is one of the most curious consequences of these emotional and fatiguing reveries and of these divisions of the mind that affect sensations as well as movements.

We therefore still see order and laws in this seemingly disordered delirium, and all the phenomena that composed it are the starting point for interesting research and can already be largely explained thanks to studies in pathological psychology.

Can this more complete understanding of the illness guide us in treatment, and does pathological psychology allow us to practice exorcism in a somewhat more rational manner?

We will not dwell on physical treatments; most of the treatments habitually employed in disorders of thought had already been tried without great success. We do not yet know of hellebore that one need only swallow to change one's dreams, suppress one's emotions, or reconstruct one's personality. These are delicate matters that more often require a moral treatment. A consolation, good advice, a command or even a threat, a punishment are often more effective in many cases than all the drugs in the world. This was already supported by a highly psychological alienist, Leuret, who wanted moral methods to be primarily used in the treatment of the insane. But Leuret rarely succeeded, and today moral treatment is often almost impracticable or without effect. This is because such

²⁶ *L'anesthésie et la dissociation des phénomènes psychologiques. Revue philosophique*, mai 1887, p. 460. Cf. *Stigmates mentaux des hystériques*, p. 27.

treatment remains too vague, without appropriate prescription for the circumstance, and depends entirely on the authority, the tact, the irrational initiative and more or less fortunate disposition of the physician. Moral treatment will only exist when a moral science has been established that will give the reason for the use of this or that method, and will explain its successes and its failures.

Pathological psychology, still in its infancy, gives us only very vague indications. It teaches us, for example, that the principal lesion in this case lies in the persistence of an emotional dream that exists apart from the patient's personal consciousness. We know that it is not enough to address the patient himself, to speak to Achille directly, for the evil lies outside of him. It is nearly useless to reason with him, to exhort him, or to threaten him. The blasphemies, the words, and the actions of the devil develop in spite of him, outside of him, and even without his knowledge. We must reach the lesion in the deepest layers of consciousness where it resides. This is often very difficult, either because we do not take into account the divisions that have occurred within consciousness, or because we do not know how to reach the group of particularly altered psychological phenomena. In the present case, automatic writing and somnambulism provide us with easy methods for reaching the fixed idea itself. It is in the state of distraction, when addressing the devil, or during the state of somnambulism that we must attempt to act.

Another important remark is that one must reach the idea or the fundamental image, the one which is the starting point of the delusion. This is not always easy to recognize, for very often the physician is confronted only with secondary fixed ideas that derive from the first through a series of more or less complicated associations.²⁷ Let us take, for example, the individual who had the tic of blowing through one nostril; it would have been in vain to suggest to him not to blow—he would have always started again. It is to the scab in his nose that one must address oneself, or rather to the persistent memory of a certain nosebleed that occurred under particular conditions and had greatly affected him. Once this memory was erased, the tic disappeared quite naturally.

If we wish to exorcise our unfortunate Achille, it is entirely useless to speak to him of hell, of demons, of death. Although he speaks of them constantly, these are secondary things and psychologically accessory. Although the patient seems possessed, his affliction is not possession—it is the emotion of remorse. It was the same for many possessed individuals: the devil was hardly more than the incarnation of their regrets, their remorse, their terrors, or their vices. It is Achille's remorse—it is the very memory of his fault—that we must make him forget.

This operation is far from easy; it is more difficult than generally believed to forget something. Knowing how to forget is often as valuable a quality as knowing how to learn, for forgetting is the condition for moving forward, for progress, for life itself;

²⁷ Pierre Janet, *Histoire d'une idée fixe*. *Revue philosophique*, February 1894, p. 135, and Chapter IV of that work.

*Let us forget and move forward; man on this earth,
If he never forgot, could he ever hope?*²⁸

One of the most precious discoveries of pathological psychology would be that which would give us a reliable means of provoking the forgetting of a determined psychological phenomenon.

In my recent work on *"The History of a Fixed Idea,"* I showed how one could approximately achieve this result by the method of "dissociation of ideas" and by that of "substitution." An idea, a memory, can be regarded as a system of images that can be destroyed by separating its elements, by altering them individually, by substituting in the composition this or that partial image for those that existed. I cannot here return to the study of these procedures; I only recall that they were once again applied to the fixed idea of this interesting patient. The memory of his fault was transformed in every way through suggested hallucinations. Finally, Achille's own wife, evoked by hallucination at the proper moment, came to grant complete forgiveness to this husband more unfortunate than guilty.

These modifications only took place during somnambulism, but they had a quite remarkable aftereffect on the consciousness of the person upon awakening. He felt relieved, freed from this inner power which deprived him of the free control of his sensations and ideas. He became sensitive throughout his whole body, he recovered all his memories, and soon began to judge his delusion. After a few days, he had made enough progress to laugh at his devil and explained his madness himself by saying he had read too many novels. At this moment, we must note a curious fact: the delirium still existed during the night. Achille, asleep, moaned and dreamed of infernal tortures; the devils made him climb a ladder that extended indefinitely, and at the top of which there was a glass of water—or else they amused themselves by driving nails into his eyes. The delirium also persisted in his subconscious writing, and the devil boasted of soon reclaiming his victim. These procedures thus still reveal the final traces of the delirium that could persist without our knowledge. It is important to take this into account, for a patient abandoned at this stage would soon fall again into the same wanderings.

Thanks to similar procedures, the final dreams were transformed and soon disappeared completely. I noted at that moment a fact to which I have often drawn attention: namely, that somnambulisms and automatic writing also diminish at the same time. The patient no longer had such complete forgetfulness after the somnambulisms; he was no longer anesthetized during the subconscious writings. In a word, after the disappearance of the fixed idea, the unity of the mind was reconstituted.

Achille was soon completely cured; the devil had been cast out by a modern exorcism, more delicate and perhaps less infallible than the ancient one, but not without interest and not without usefulness. I should add that the patient returned to his small village, has regularly sent me his news, and that for the past three years he has enjoyed the most perfect physical and moral health.

²⁸ Guyau, *Vers d'un philosophe*. Paris, F. Alcan.

Several authors, Moreau (of Tours)²⁹ in particular, and more recently Chaslin³⁰ have insisted on the role of the dream in the evolution of delusions. Our observation, we believe, is even more demonstrative. Indeed, particular procedures such as automatic writing and somnambulism provide us with the exact and detailed memory of dreams, which we have been able, at each moment of the illness, to compare with the corresponding pathological symptom. It is thus truly a matter of an illness resulting from a dream, an illness of the dream. The treatment was able to confirm the diagnosis and the interpretation of the phenomena—however strange they appeared—presented by the patient.

Some theories of pathological psychology that I had previously tried to establish concerning somnambulists and mediums were able to be verified through the study of this quite different delirium. They proved to be practical and useful, since it was thanks to them that I was able to transform the mind of this insane person within a few weeks. These results are still modest, but they allow us to emphasize the value of such studies. Objective psychology does not seek to abolish the older subjective psychology, which was indispensable at the beginning of the study of human thought; it has no metaphysical or religious ambition and does not attack any respectable belief, but within its domain it simply gathers precious documents for the study of the human mind and prepares for the future an art of elevating sound minds and relieving troubled ones.

²⁹ Moreau (de Tours), *Le haschisch*, p. 31, 123.

³⁰ Chaslin, *Du rôle du rêve dans l'évolution du délire*, 1887.